

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, gender, religion, national origin, disability or other protected classification.

DOUGLAS COUNTY KANSAS

**If you need any assistance in completing this form please let us know.
(PLEASE PRINT)**

POSITION APPLIED FOR: _____ **DATE OF APPLICATION:** _____

PERSONAL INFORMATION

Name (First)	(Middle)	(Last)	Home Telephone Number:
			Cell Telephone Number:
Home Address (Street)	(City)	(State)	(Zip) # Years
Previous Address (Street)	(City)	(State)	(Zip) # Years
E-mail Address:			

	YES	NO
Have you ever been employed by Douglas County?		
Do you have any relatives currently working for Douglas County?		
Are you currently employed?		
May we contact your present employer?		
Are you willing to work overtime if required?		
Are you over 18 years old?		
Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job for which you have applied?		
Are you a U.S. citizen or are you authorized by the INS to work in this country?		
Have you ever been convicted of a felony? <i>Conviction will not necessarily disqualify an applicant from employment.</i>		

Do you have a valid driver's license if the job requires it? ___ YES ___ NO
 State: _____ Driver's License #: _____ If Applicable, Class of CDL Designation: _____

On what date would you be available for work? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job through your last four employers. Please indicate any job-related military service assignments and volunteer activities. Exclude employers which indicate race, age, color, religion, sex, national origin, disability, or other protected status.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
Reason for Leaving				
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
Reason for Leaving				
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		

Reason for Leaving			
4	Employer	Dates Employed	Work Performed
		From To	
	Address		
	Telephone Number(s)	Hourly Rate/Salary	
		Starting Final	
	Job Title	Supervisor	
Reason for Leaving			

EDUCATION & SPECIAL SKILLS

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/DEGREE
High School		////////////////		
College/Univ.				
College/Univ.				
Other Training/Education				
Describe any specialized training, apprenticeship and skills, including military experience, which may be useful in performing this job.				

IN CERTAIN POSITIONS, FINAL CANDIDATES WILL BE REQUIRED TO UNDERGO A POST-OFFER PRE-EMPLOYMENT DRUG SCREENING TEST. DO YOU OBJECT TO TAKING SUCH TESTS?

_____ **YES** _____ **NO**

REFERENCES: Please list the names, addresses and telephone numbers of three individuals whom the County may contact as work or personal references. Omit relatives.

Name	Address	Home	Telephone Work	Cell
1.				
2.				
3.				

**PLEASE COMPLETE THE FOLLOWING ONLY IF YOU ARE APPLYING
FOR A LAW-ENFORCEMENT POSITION.**

HAVE YOU EVER BEEN ARRESTED FOR A MISDEMEANOR OR FELONY? _____ YES _____ NO

If yes, please explain: _____

An arrest record does not necessarily preclude an applicant from employment in a law enforcement position.

FINAL CANDIDATES WILL BE REQUIRED TO UNDERGO A POST-OFFER
PRE-EMPLOYMENT DRUG SCREENING TEST AND A PSYCHOLOGICAL
TEST. DO YOU OBJECT TO TAKING SUCH TESTS? _____ YES _____ NO

***THIS APPLICATION WILL REMAIN ACTIVE FOR A SIX-MONTH PERIOD.
SHOULD YOU WISH TO HAVE IT SUBMITTED FOR ANOTHER POSITION, PLEASE CONTACT THE
PERSONNEL SPECIALIST PRIOR TO THE DEADLINE AT 832-5327.***

***IF THIS APPLICATION IS SUBMITTED FOR AN APPLICANT "POOL",
THE APPLICATION WILL ONLY REMAIN ACTIVE UNTIL THE END OF THE POOL PERIOD.
CHECK THE PERSONNEL BULLETIN BOARD FOR THAT DATE.***

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

I authorize my previous employers and schools to give any information regarding employment or educational records. I agree that this organization and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions, or answers made by me on this application. In the event of my employment with this organization I will comply with all rules and regulations set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I further understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I hereby acknowledge that I have read and understand the above statements.

Signature:

Date: